## PART B - FEE(S) TRANSMITTAL

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I hereby certify that this Fee(s) Transmitta	1
is being filed via EFS-Web with the United	
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April <u>21</u> , 2011.	

		<u>no</u>		
APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/540,306	06/20/2005	Michael O'Rourke	084329-000000US	6397

TITLE OF INVENTION: METHOD OF TREATING A STIFFENED BLOOD VESSEL

755.00 OP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NOX YES	sem 755	\$300	\$0	smm 105	5 04/25/2011	
EXAM	IINER	ART UNIT	CLASS-SUBCLASS	]			
SCHILLING	ER, ANN M	3774	623-001100				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  KILPATRICK TOWNSEND & STOCKTON LLP				
	less an assignee is ident h in 37 CFR 3.11. Comp GNEE		THE PATENT (print or typed data will appear on the part a substitute for filing and (B) RESIDENCE: (CITY Austra	atent. If an assignee is id assignment.  and STATE OR COUNT		ument has been filed for	
4a. The following fee(s):  All Issue Fee  Publication Fee (N	· · · · · · · · · · · · · · · · · · ·	4b permitted)	The Director is hereby		viously paid issue fee shached.	own above)	
NOTE: The Issue Fee an	s SMALL ENTITY statu	is. See 37 CFR 1.27.	from anyone other than the	ger claiming SMALL EN			
Authorized Signature Typed or printed name	- Bhr	Portnow		Date Apri	50660	1	

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